

**State Education and Training
September 16, 2014**

Present: Nancy Brunet, Ralf Coler, Art Romano, Richard Sanders, Daniel Tauber, David Tauber

Excused: Joshua Beaulieu, Blair Blamforth, Kevin Brown, David Burich, Skip Gelati, Donna Lillis, Rick Ortyl, Chet Sergey, Chris Stone, Michael Zacchera

Guests: David Bailey

Meeting called to order at 09:37

Motion to approve June minutes by Mr. Romano; second by Mr. Tauber

Approved without changes: passed unanimously

OEMS Update

Mobile Integrated Healthcare Summit – hoping to offer a pre-conference workshop on MIH topic at CT EMS Expo in May 2015.

Mr. Bailey looking for suggestions on speakers to enhance initial program

Need to understand what our CT model will be to effectively present concepts to stakeholders

Legal interpretation of ability to provide care:

Dispatched on a 9-11 Emergency

Conveyance of patient to home

Many stakeholders interested in evolution of this level of care

Spine Motion Restriction – final draft distributed by Ms. Coler

Will be reviewed during working hour

BLS 12 Lead – proposal slated to be moved to commissioner for approval

May require educational program development

Old Business

CSEMS-I: seminar September 6 at NHSH
Well attended – topic of Technology in the Classroom

CEMSAB: next meeting is September 24, 2014
NHTSA Recommendations vetted out to committees
Education and Training asked to assess relevance of background checks to educational programs
CT League of Nursing has process for background checks
Smaller organizations may suffer because of additional costs
Region I (Southwest) feels responsibility for background checks should fall on services; for training programs, ALS students doing clinical rotations should be mandated for background checks but

may not be workable at BLS (EMR / EMT) level training programs

Multiple levels of background checks exist – how do we determine what level of check will be acceptable

Nuances of background checks need to be brought to attention of CEMSAB as Education & Training proceeds in discussion of topic

In concept, Education & Training agrees on concept that students completing clinical rotations should be subject to background checks

CEMSMAC:

discussion on AEMT process – OEMS seeking guidance and support for how to go forward with the AEMT's

Voted to support "if AEMT is retained, providers will be expected to perform at 2007 Scope of Practice / 2009 Education Standards to demonstrate utility to patients"

Individual hospitals will have the ability to sponsor or not sponsor providers at this level

Discussions by CEMSAC to develop billing process for non-transport patients, roll-out of Naloxone to first responders, SMR status

Statewide Guidelines committee progress being made

Group is now in procedure sections of NH Guidelines

Maine, Massachusetts, and Vermont have also reviewed New Hampshire Guidelines to develop statewide models

Transition Materials for Teaching:

questions vetted; processing of questions now being evaluated

Exam security issues being examined

Roll out date for exams not yet determined

PTPC: has not met

Regulations Review: *tabled*

Spine Motion Restriction: working hour

Naloxone Guideline: available on OEMS website

AEMT Status Update: see CEMSAC report for AEMT recommendation

Education & Training continues to advocate that education infrastructure cannot support the extensive clinical requirements inherent to 2009 AEMT Education Standard

Motion made by David Tauber related to AEMT level providers:

- 1) lack of educational infrastructure to support existence of AEMT 2009 level
- 2) if AEMT 2009 level is mandated, the Committee believes that:
 - a) the most recent national education standards be used
 - b) that programs teaching this level meet similar accreditation requirements to Paramedic programs
 - c) that the only avenue for AEMT certification is to complete a full AEMT educational program at 2009 Standards

Motion seconded by Daniel Tauber

No additional discussion

Motion passed unanimously by those Education & Training members present

New Business

Educational Packets for:

CCR Unified Guidelines – already being utilized within the state but need to develop unified guideline to recommend to medical directors

MOLST – pilot programs approved for New haven and Windham areas

BLS 12 Lead ECG – committee will look at Danbury program and make recommendations

Chair's Report

No report

Info Sharing

Updates of classes available on CORC website and distributed electronically by Mr. Lillpopp
CT EMS EXPO – May 27 – 30, 2015

Working Meeting Hour

SMR Update – Mr. Barishansky sent final draft to Ms. Coler for review

Guideline appears to be consistent with Educational packet that has been developed

Final revisions of grammar / spelling / format being completed

Commissioner has approved conceptually and notification will be disseminated once all format revisions are complete

Recommend that log-roll not be specified as method to remove patients from spine board to stretcher. (II, D, 1, a)

Motion to adjourn at 11:25

Next meeting: October 21st at CHA